FORM D

PROCESSED

JUN 0 5 2007 9

THOMSON FINANCIAL

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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ION	OMB Number:	3235-0076
	Expires:	
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Name of Offering (check if this is an ame	endment and name has changed, and indicate change.)	
Park Villas Holding LLC		TOTAL PRINCE THE PRINCE AND THE PRIN
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 506 Section 4(6)	□ nroe
Type of Filing: New Filing Amend	iment	
	A. BASIC IDENTIFICATION DATA	07065701
1 Enter the information requested about the	issuer	
	ment and name has changed, and indicate change.)	
Park Villas Holding LLC		
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8412 Auburn Avenue	Bethesda Maryland 20814	(301) 986-1400
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8412 Auburn Avenue	Bethesda, Maryland 20814	(301) 986-1400
Brief Description of Business		Star
Operation of Apartment Complex		< MAY 9 1 2007
Type of Business Organization		2 (7)
corporation	limited partnership, already formed 🗾 other (please specify):
business trust	limited partnership, to be formed limited liabil	ity company 2 160
	Month Year	
Actual or Estimated Date of Incorporation or C	Organization: 12 06 Actual Esti	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service abbreviation for State CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	C.V. Joy Callada, V.V. Land	
77d(6).	of securities in reliance on an exemption under Regulation D	
and Exchange Commission (SEC) on the earlie	than 1.5 days after the first sale of securities in the offering or of the date it is received by the SEC at the address given to United States registered or certified mail to that address.	2. A notice is deemed filed with the U.S. Securities below or, if received at that address after the date on
	Commission, 450 Fifth Street, N.W., Washington, D.C. 20	0549.
	e must be filed with the SEC, one of which must be manual	
Information Provinced: A new filing must con	tain all information requested. Amendments need only repid any material changes from the information previously sup	ort the name of the issuer and offering, any changes olied in Parts A and B. Part E and the Appendix need
Filing Fee: There is no federal filing fee.		
State		
This notice shall be used to indicate reliance ULOE and that have adopted this form. Issuers to be or have been made. If a state required	on the Uniform Limited Offering Exemption (ULOE) for the service of the service o	Securities Administrator in each state where sales for the exemption, a fee in the proper amount shall
E il to site action in the account	ata states will not result in a loss of the federal i	exemption Conversely failure to file the
Failure to tite notice in the appropriate federal notice will not refilling of a federal notice.	ate states will not result in a loss of the federal (esult in a loss of an available state exemption uni	ess such exemption is predictated on the

A BASIC DENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Executive Officer Beneficial Owner General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Michael Gross Officer of Managing Member (Number and Street, City, State, Zip Code) Business or Residence Address Bethesda, Maryland 20814 8412 Auburn Avenue General and/or Beneficial Owner Executive Officer Director Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Douglas Margerum Officer of Managing Member (Number and Street, City, State, Zip Code) Business or Residence Address Bethesda, Maryland 20814 8412 Auburn Avenue Executive Officer General and/or Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Beneficial Owner Executive Officer Director General and/or Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Promoter Director Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) (Number and Street, City, State, Zip Code) Business or Residence Address Executive Officer Director General and/or Beneficial Owner Check Box(es) that Apply: Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) ☐ Beneficial Owner Executive Officer Director General and/or Promoter Check Box(es) that Apply: Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

٠. •	- -			B. I	NFORMAT	ION ABOU	T OFFERI	NG				
1 Unath	e issuer sold	or does th	a laguar i		U to === 0			this offor	0		Yes	No
1. Has th	e issuer solu	, or does tr			n, to non-a Appendix,				_	****************		R
2. What i	s the minim	um investm					=				s 15,	00.00
					p. 00	,					Yes	No
3. Does t	he offering p	permit join	t ownershi	p of a sing	le unit?	•••••••			•			
	the informat ssion or simi											
If a per	son to be list	ted is an ass	ociated pe	rson or age	nt of a brok	er or deale	r registered	d with the S	EC and/or	with a state		
	es, list the na er or dealer,								ciated pers	ons of such		
	(Last name I	· ·			_		-		-			
None bein							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·		
Business or	Residence	Address (N	lumber and	d Street, C	ity, State, Z	(ip Code						
Name of A	ssociated Br	oker or De	aler									
	, , , , , , , , , , , , , , , , , , , 		<u> </u>									
	hich Person											1.0.
(Check	"All States	or cneck	individuai	States)	***************************************	*****************		***************************************		······	∐ AI	l States
AL	AK	ΑŽ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
IL MT	NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	(TN)	TX	UT	VT)	VA	WA	WV		WY	PR
Full Name	(Last name i	irst, if indi	ividual)									
Business o	r Residence	Address (N	Number an	d Street, C	ity, State, 2	Zip Code)						
N	1.0											
Name of A	ssociated Br	oker or De	aler									
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	_					
(Check	c "All States	" or check	individual	States)	***************************************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·····	***************************************	☐ Al	l States
AL	AK	AZ	AR	CA	CO	CT	DE	DC)	FL	GA	HI	(ID)
IL	IN	IA	KS	KŸ	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC]	ND	OH	OK)	OR	PA
RÏ	<u>s</u> c	SD	TN	TX	(UT)	VT	VA	WA	WV	WI	WY	PR
Full Name	(Last name i	irst, if indi	vidual)							•		
Business o	r Residence	Address (N	Number an	d Street. C	ity, State. 2	Zip Code)						
						,						
Name of As	ssociated Br	oker or Dea	aler			<u> </u>	_					
States in W	hich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	"All States							*******		•••••	□ Al	l States
AL	ΑK	AZ	ĀR	CA	CO	[CT]	DE	DC	FL	GA	HI	[ID]
	N N	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	[И]	NM	NY	NC	ND	ОН	OK]	OR	PA
RI	SC	SD	TN	TX	UT	\overline{VT}	VA	WA	WV	WI	WY	PR

C OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s	S
	Equity		\$ 0.00
	Common Preferred		<u> </u>
	Convertible Securities (including warrants)	s	\$
	Partnership Interests	s	\$
	Other (Specify)	5_0.00	\$_0.00
	Total	s 3,125,000.00	\$ 0.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	26	\$_3,100,000.00
	Non-accredited Investors	0	\$
	Total (for filings under Rule 504 only)	0	\$_0.00
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securitie sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total	·	\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of th securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		s_0.00
	Printing and Engraving Costs		\$ 3,000.00
	Legal Fees	_	\$ 33,215.00
	Accounting Fees		\$ 0.00
	Engineering Fees		\$ 0.00
	Sales Commissions (specify finders' fees separately)		\$ 0.00
	Other Expenses (identify)	_	s
	Total		\$ 36,215.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF F		
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		_{\$} 3,088,785
i.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers. Directors. &	Payments to
		Affiliates	Others
	Salaries and fees] \$	s
	Purchase of real estate	_	
	Purchase, rental or leasing and installation of machinery and equipment]\$	
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	_	_
	Repayment of indebtedness Bridge Loan		
	Working capital		
	Other (specify): Closing Costs and Escrows, Loan and Lender Fees] \$	\square § 941,524
	and Partial Funding of Replacement Reserves		
]\$	
	Column Totals]\$ <u>2.097.2</u> 6	1□ \$ <u>991,524</u>
	Total Payments Listed (column totals added)	□\$ <u>3</u> ,	088,785
	D. FEDERAL SIGNATURE		
sig	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	sion, upon writte	le 505, the following n request of its staff.
		Date	
	Park Villas Holding LLC	461	0~1
٧a	me of Signer (Print or Type) Title of Signer (Print or Type)	•	
	Michael Gross Officer of Managing Member		

— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No [X]
	See Appendix, Column 5. for state response.		

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Significan	Date
Park Villas Holding LLC		4/6/07
Name (Print or Type)	Title (Print or Type)	
Michael Gross	Officer of Managing Member	T

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

3 4 ì 2 Disqualification under State ULOE Type of security (if yes, attach and aggregate Intend to sell to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part C-Item 1) (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) Number of Number of Non-Accredited Accredited Investors No No Investors Amount Amount Yes State Yes AL ΑK AZAR Equity \$3,125,000 1 \$100,000.00 CA CO CTDE 2 \$175,000.0 0 DC Equity \$3,125,000 1 \$250,000.00 0 FL Equity \$3,125,000 GA н ID 0 \$0.00 ΙL Equity 3,125,000 0 IN IΑ KS KY LA ME MD 14 \$1,260,000. 0 Equity \$3,125,000 MA Equity \$3,125,000 MI \$125,000.01 MN MS

APPENDIX

1	2		3		. 4				5 Disqualification		
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)				under Sta (if yes, explana waiver (te ULOE attach tion of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
мо											
мт											
NE									;		
NV											
NH						-					
NJ		×	Equity \$3,125,000	1	\$500,000.00	0			×		
NM	:							[;			
NY		×	Equity \$3,125,000	3	\$165,000.00	0		. ;	×		
NC											
ND								<u> </u>			
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ок	, , , , ,		·								
OR											
PA		х							x		
R1											
sc			· ·								
SD											
TN											
тх						_					
UT											
VT									<u> </u>		
VA		×	Equity \$3,125,000	3	\$525,000.0	0			×		
WA							,				
wv											
WI											

1	1 2 3 Intend to sell to non-accredited investors in State (Part B-Item 1) Type of security and aggregate offering price offered in state (Part C-Item 1)			APPENDIX 4 Type of investor and amount purchased in State (Part C-Item 2)				5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY PR									